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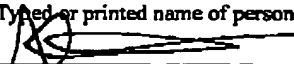
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Deliver to: Examiner Daniel L. Greene
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Fax Number: (703) 872-9327 and (703) 872-9306 Telephone No.: _____
From: Jan Little-Washington
Date: March 25, 2005 Time: _____
Operator: Adrian Villarreal Matter: 42P11777
Number of pages including cover sheet: 14 pages
In Re Patent Application of: Karl H. Allen
Application No.: 09/967,211
Filed: September 28, 2001
For: USER VERIFICATION FOR CONDUCTING HEALTH-RELATED TRANSACTIONS

Enclosed are the following documents: _____
Transmittal Letter - in duplicate (4 pages)
Amendment AF (9 pages)

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I hereby certify that this correspondence is being facsimile transmitted to the U.S. Patent and Trademark Office on:

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05/01/03

Attorney's Docket No.: 42P11777PatentIn re the Application of: Karl H. Allen
(inventor(s))**AMENDMENT UNDER
37 C.F.R. § 1.116
EXPEDITED PROCEDURE**Application No.: 09/967,211Filed: September 28, 2001**EXAMINING GROUP 3600**For: USER VERIFICATION FOR CONDUCTING HEALTH-RELATED TRANSACTIONS

(title)

Mail Stop AF
COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, Virginia 22313-1450SIR: Transmitted herewith is an **Amendment After Final Action** for the above-referenced application. Applicant claims small entity status. See 37 CFR 1.27.XX No additional fee is required. A Notice of Appeal is enclosed.

The fee has been calculated as shown below:

	(Col. 1) Claims Remaining After Amd.		(Col. 2) Highest No. Previously Paid For	(Col. 3) Present Extra
Total Claims	* 25	Minus	** 29	0
Indep. Claims	* 3	Minus	*** 4	0
First Presentation of Multiple Dependent Claim(s)				

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest No. Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

SMALL ENTITY

Rate	Additional Fee
X25	\$
X100	\$
+180	\$
Total Add. Fee	\$

**OTHER THAN A
SMALL ENTITY**

Rate	Additional Fee
X50	\$ 0
X200	\$ 0
+360	\$
Total Add. Fee	\$ 0

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Date of Transmission March 25, 2005Adrian Villarreal

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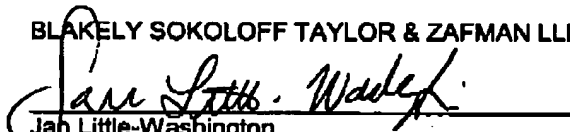
(Signature of person transmitting paper)

- ☐ A check in the amount of \$ _____ is attached for presentation of additional claim(s).
☐ Applicant(s) hereby Petition(s) for an Extension of Time of _____ month(s) pursuant to 37 C.F.R. § 1.136(a).
☐ A check for \$ _____ is attached for processing fees under 37 C.F.R. § 1.17.
☐ Please charge my Deposit Account No. 02-2666 the amount of \$ _____.
☐ A duplicate copy of this sheet is enclosed.
☒ The Under Secretary of Commerce for Intellectual Property and Director of the United States Patent and Trademark Office is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 02-2666 (a duplicate copy of this sheet is enclosed):
☒ Any additional filing fees required under 37 C.F.R. § 1.16 for presentation of extra claims.
☒ Any extension or petition fees under 37 C.F.R. § 1.17.

Date:

3/25/2005

BLAKELY SOKOLOFF TAYLOR & ZAFMAN LLP


Jan Little-Washington
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Los Angeles, California 90025
(206) 292-8600

Attorney's Docket No.: 42P11777PatentIn re the Application of: Karl H. Allen
(Inventor(s))**AMENDMENT UNDER
37 C.F.R. § 1.116
EXPEDITED PROCEDURE**Application No.: 09/967,211**EXAMINING GROUP 3600**Filed: September 28, 2001For: USER VERIFICATION FOR CONDUCTING HEALTH-RELATED TRANSACTIONS

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	(Col. 1)		(Col. 2)	(Col. 3)	SMALL ENTITY		OTHER THAN A SMALL ENTITY	
	Claims Remaining After Amd.		Highest No. Previously Paid For	Present Extra	Rate	Additional Fee	Rate	Additional Fee
Total Claims	* 25	Minus	** 29	0	X25	\$	X50	\$ 0
Indep. Claims	* 3	Minus	*** 4	0	X100	\$	X200	\$ 0
First Presentation of Multiple Dependent Claim(s)					+180	\$	+360	\$
					Total Add. Fee	\$	Total Add. Fee	\$ 0

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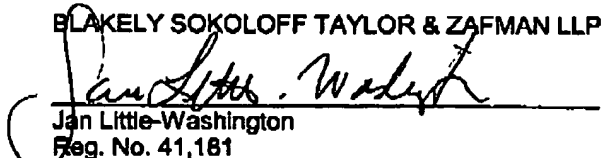
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Patent

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Karl H. Allen

Serial No. 09/967,211

Filed: September 28, 2001

For: USER VERIFICATION FOR CONDUCTING
HEALTH-RELATED TRANSACTIONS

Examiner: Greene, Daniel L.

Art Unit: 3621

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450**RESPONSE UNDER 37 C.F.R. §§1.116**

Sir:

In response to the Final Office Action mailed January 25, 2005, Applicant submits the following Remarks. A Claim Listing begins on page 2 of this paper. Remarks begin on page 7 of this paper. Applicant respectfully requests that the Examiner reconsider the application.

It is not believed that extensions of time are required beyond those that may otherwise be provided for in documents accompanying this paper. However, if additional extensions of time are necessary to prevent abandonment of this application, then such extensions of time are hereby petitioned under 37 C.F.R. §1.136(a), and any fees required therefore are hereby authorized to be charged to Deposit Account No. 02-2666. Please credit any overpayment to the same deposit account.

Kindly consider the following Remarks.

42P11777

Serial No. 09/967,211

- 1 -

Examiner: Greene, Daniel L.

Art Unit: 3621